



Certification of Applicant Status

PERMIT NUMBER	PERMIT NAME
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For Individuals

By signing this document, I certify that I am an owner of the property affected by this permit. If I am not the only owner of the property, I certify that I am authorized to represent all the property owners. In making this certification, and in transferring any and all rights to apply for this permit or approval to the person or entity listed below, I represent all owners of the subject property.

Applicant Information				
FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE

I also certify that I am the Applicant for this permit. As the Applicant, I am financially responsible for all fees, and I will receive any applicable refunds. I will remain the Applicant for as long as this permit is valid, unless I transfer my applicant status. The Applicant shall remain for the duration of this permit, unless the Applicant transfers its status in writing to the Department of Local Services, Permitting Division.

SIGNATURE OR PRINTED NAME OF APPLICANT	DATE
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By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

I authorize Permitting to return plans directly to the engineer, architect or other consultant(s) for the limited purpose of making corrections as designated on the Authorized Consultant page.

Certification of Applicant Status, continued

For public agency or public or private utility

By signing this document, certify that I am an authorized agent of a public agency or public or private utility (identified below). The public agency or public or private utility is:

The sole owner and/or has legal easements and/or right-of-way for the property(ies) that is the subject of this permit.

Not the sole owner nor has legal easements and/or right-of-way for the property(ies) that is the subject of this permit.

If the public agency or public or private utility is not the sole owner of the property, nor has legal easements and/or right-of-way, I certify that notice of the pending application has been given to all owners of property to which the application applies.

Public Agency or Public or Private Utility				
AGENT NAME		PHONE NUMBER	EMAIL ADDRESS	
PUBLIC AGENCY OR PUBLIC OR PRIVATE UTILITY NAME				
MAILING ADDRESS			CITY	STATE ZIP CODE

I also certify that the above-named public agency or public or private utility is the Applicant for this permit, and as such is financially responsible for all fees and will receive any applicable refunds. This public agency or public or private utility shall remain the Applicant for the duration of this permit, unless it transfers its status in writing to the Department of Local Services, Permitting Division.

SIGNATURE OR PRINTED NAME OF APPLICANT'S AGENT	DATE SIGNED
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By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

I authorize Permitting to return plans directly to the engineer, architect or other consultant(s) for the limited purpose of making corrections as designated on the Authorized Consultant page.

Certification of Applicant Status, continued

For corporations/business associations

By signing this document, certify that I am an authorized agent of the business corporation or other business association (identified below) authorized to do business in the State of Washington. The corporation or other business association is the sole owner of the property that is the subject of this permit. If the corporation or other business association is not the sole owner of the property, I certify that it is authorized to represent all other owners of the property.

Corporation or Business Association Information			
AGENT NAME	PHONE NUMBER	EMAIL ADDRESS	
BUSINESS OR ASSOCIATION NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE

I also certify that the above-named corporation or other business association is the Applicant for this permit, and as such is financially responsible for all fees and will receive any applicable refunds. This corporation or other business association shall remain the Applicant for the duration of this permit, unless it transfers its status in writing to the Department of Local Services, Permitting Division.

SIGNATURE OR PRINTED NAME OF APPLICANT'S AGENT	DATE SIGNED
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By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

I authorize Permitting to return plans directly to the engineer, architect or other consultant(s) for the limited purpose of making corrections as designated on the Authorized Consultant page.

Authorized Consultant List,
continued on next page

Certification of Applicant Status, continued

Authorized Consultants:

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

BUSINESS NAME		
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